

ASCCP Clinical Practice Statement

Evaluation of the Cervix in Patients with Abnormal Vaginal Bleeding

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All women presenting with abnormal vaginal bleeding should receive evaluation of the cervix and vagina, which should include at minimum visual inspection (speculum exam) and palpation (bimanual exam). If cervical or vaginal lesions are noted, appropriate tissue sampling is recommended, which can include Pap testing in addition to biopsy with or without colposcopy. These recommendations concur with those of ACOG Practice Bulletin #128 and Committee Opinion #557.1,2 The purpose of this article is to remind clinicians that Pap testing, as a form of tissue sampling, can be an important part of the workup of abnormal bleeding, and can be performed even if the patient is not due for her next screening test if there is clinical concern for cancer.

Due to confusion amongst clinicians that has come to our attention, we wish to highlight the distinction between recommendations for diagnosis of cervical abnormalities including cancer amongst women with abnormal bleeding and recommendations for screening for cervical cancer amongst asymptomatic women. Screening guidelines recommend Pap testing at 3 year intervals for women ages 21-29, and Pap and HPV co-testing at 5 year intervals between the ages of 30-65 (with continued Pap testing at 3 year intervals as an option). These evidence-based guidelines are designed to maximize the detection of pre-cancer and minimize colposcopies. In addition, clinical practice guidelines no longer support routine pelvic examinations for cancer screening in asymptomatic women as this has not been shown to prevent cancer deaths.^{3,4,5}

Consequently, physicians now perform fewer pelvic exams. While deferring pelvic exams is appropriate for asymptomatic women, providers should continue to perform pelvic exams when women present with symptoms of abnormal bleeding. The differential diagnosis for abnormal vaginal bleeding includes hematologic, hormonal, and structural causes, codified by ACOG into the PALM-COEIN algorithm.¹ The “M” stands for malignancy, including those of the cervix and vagina. Thus, a thorough physical exam, including visual inspection (speculum exam) and palpation (bimanual exam) should be performed, with appropriate tissue sampling when abnormalities are noted. Pap testing is an important tissue sampling test, and should be considered part of the workup when clinically indicated in symptomatic women. Cervical cancer is unlikely in women under the age of 21, or those with negative Pap testing in the past year or Pap/HPV co-testing in the past 3 years. Therefore additional Pap testing may be deferred in these groups of women unless the exam is highly suspicious for cervical cancer.

Approximately 12,000 women are diagnosed with cervical cancer each year in the US. Nearly half (49%) of women present between 35 and 54 years old, with 14% of cases diagnosed before age 35, and 20% diagnosed after age 65.⁶ The most common symptoms among young women presenting with cervical cancer are intermenstrual and post-coital bleeding.⁷ Post-menopausal bleeding is the most common presenting symptom for cervical cancer amongst elderly women. Women with vaginal bleeding associated with cancer, a clinical scenario where a delay in diagnosis is common, tend to present at higher stages than asymptomatic women detected by

screening.^{8,9} Because delay of diagnosis may result in higher cancer burden and worse prognosis, we want to highlight the importance of physical examination in women with abnormal bleeding, and encourage the collection of cytologic and/or pathologic samples if abnormalities are noted.

**The recommendations in this bulletin reiterate those of ACOG Committee Opinion #557 and Practice Bulletin #128.*

Committee Opinion #557, “Management of Acute Abnormal Uterine Bleeding in Nonpregnant Reproductive-Aged Women” states “The patient should be evaluated to determine that she has acute AUB and not bleeding from other areas of the genital tract. Thus, a pelvic examination (including a speculum examination and a bimanual examination) should be performed to identify any trauma to the genital tract and vaginal or **cervical findings** that could cause vaginal bleeding.”

Practice Bulletin #128, “Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women” states, “A speculum examination should be performed to assess for cervical or vaginal lesions, with appropriate tissue sampling when abnormalities are noted.”

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